

EL PASO FIRE DEPARTMENT
Incident Report Request

Date: _____

PLEASE PRINT

Incident Address: _____

Incident Date: _____

Type of Incident: _____

Requested by: _____

NAME/COMPANY

ADDRESS, CITY, STATE, ZIP

TELEPHONE

Initiating Officer: _____

FIRE DEPARTMENT USE ONLY

Incident Number: _____ Code: _____ Refer to FMO: _____

Date	Comments	Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Comments: _____

Date filed: _____

